

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000602

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

72

STATE FILE NUMBER

FILED FEB 5 1962

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Soddard

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Cape Girardeau

Length of stay in 1b

8 days

c. CITY

OR
TOWN

Catron

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Francis Hosp.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4 miles north of Catron

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Chalmus

Lee Crosno

4. DATE
OF
DEATH

Month

Day

Year

January 29 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-20 1902

9. AGE (last birthday)

60

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

0

9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Tennessee

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Edith Crosno

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Edith Crosno-Catron, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) 1. Pulmonary emphysema (respiratory acidosis)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) 2. Polyneuritis - cause ?

DUE TO (c) 3. Peptic ulcer

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 11th '61 to Jan. 28th '62 and last saw him alive on January 27th '62

Death occurred at 5:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

1-31-62

23c. NAME OF CEMETERY OR CREMATORY

Mounds Park

23d. LOCATION (City, town, or county)

Near Lilbourn, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ponder Funeral Home-Lilbourn, Mo.

25. DATE RECD. BY LOCAL REG.

2-1-62

26. REGISTRAR'S SIGNATURE

Shene Kacten

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.